

☐ DUPLICATE

EL534307893US

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.**

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	17 -20* =	0	x \$ _____ =	\$ 0
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))	2 -3** =	0	x \$ _____ =	0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))			+ \$ _____ =	
				BASIC FEE (37 C.F.R. § 1.16)	690.00
				Total of above Calculations =	690.00
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).				
				TOTAL =	690.00

\* Reissue claims in excess of 20 and over original patent.  
\*\* Reissue independent claims over original patent.

6. Small entity status:

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.  
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.  
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 04 - 1403:

- a. ☒ Fees required under 37 C.F.R. § 1.16.  
b. ☒ Fees required under 37 C.F.R. § 1.17.  
c. ☐ Fees required under 37 C.F.R. § 1.18.

8. ☒ A check in the amount of \$ 690.00 is enclosed.

9. ☐ New Attorney Docket Number, if desired \_\_\_\_\_

*[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]*

10 a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)

b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)

11. ☒ Other: Express Mail Certificate

**NOTE:**

*The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.*

**12. NEW CORRESPONDENCE ADDRESS**

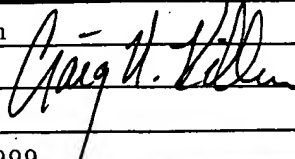
☐ Customer Number or Bar Code Label

or ☒ New correspondence address below

*(Insert Customer No. or Attach bar code label here)*

Name	Craig N. Killen				
	Dority & Manning, P.A.				
Address	P.O. Box 1449				
City	Greenville	State	SC	Zip Code	29602-1449
Country		Telephone	(803) 256-2005	Fax	(803) 933-0066

**13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	Craig N. Killen
Signature	
Registration No. (Attorney/Agent)	35,218
Date	December 30, 1999